Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Philadelphia	Area Center for History of Science
Alternative Name(s) of Service Provider (including provider is doing business): PACHS	all names under which the service
Address of Service Provider: 431 Chestnut Street, Phila	delphia PA 19103
Name of Agent Designated to Receive	
Notification of Claimed Infringement: Babak Ashrafi	
Full Address of Designated Agent to which Notificat or similar designation is not acceptable except where it is the only add location): 431 Chestnut Street, Philadelphia PA 19103	tion Should be Sent (a P.O. Box dress that can be used in the geographic
Telephone Number of Designated Agent: (267) 386-34	
Facsimile Number of Designated Agent: (267) 386-34	91
Email Address of Designated Agent: ba@pachs.net	
Signature of Officer or Representative of the Designation Date:	ng Service Provider:
Typed or Printed Name and Title: Babak Ash	iry C. CEO
Note: This Interim Designation Must be Accompanied Made Payable to the Register of Copyrights.	d by a \$80 Filing Fee
Mail the form to:	WED 0 1 3 = 2000
Copyright GC/I&R P.O. Box 70400	RECE
Washington, DC 20024	COPYRIGHT OF SIGNS